



2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 16, 2005 8:00 am
Secretary of State

05-16-2005 90198 030 ****61.25

DOCUMENT # N15040 1. Entity Name MORTGAGE BANKERS EDUCATION FOUNDATION OF FLORIDA, INC.					
Principal Place of Business 1133 W. MORSE BLVD., #201 WINTER PARK, FL 32789			Mailing Address 1133 W. MORSE BLVD., #201 WINTER PARK, FL 32789		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent CROW-SEGAL, PAT 1133 W MORSE BLVD., #201 WINTER PARK, FL 32789				7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ _____ City _____ FL Zip Code _____	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PPD BENNETT, ROSS <input checked="" type="checkbox"/> Delete 1180 SPRING CENTRE SOUTH, #223 ALTAMONTE SPRINGS, FL 32714		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition MAXWELL, SCOTT 200 S. ORANGE AVENUE ORLANDO, FL 32801	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD <input type="checkbox"/> Delete NIEWOLD, ELLEN 1062 PIEDMONT OAKS DR APOPKA, FL 32703		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PED <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NIEWOLD, ELLEN 1062 PIEDMONT OAKS DRIVE APOPKA, FL 32703	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD <input type="checkbox"/> Delete HALLAM, GREG 8850 N TAMIAMI TRAIL N NAPLES, FL 34108		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition HALLAM, GREG 8850 N. TAMIAMI TRAIL N. NAPLES, FL 34108-2524	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete ALLEN, TIM 5551 RIDGEWOOD DR NAPLES, FL 34108		TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition ALLEN, TIM 787 FIFTH AVENUE S. NAPLES, FL 34102	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PED <input type="checkbox"/> Delete CASTELLANOS, RAY 9425 SUNSET DRIVE, #233 MIAMI, FL 33173		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition CASTELLANOS, RAY 9425 SUNSET DRIVE, #233 MIAMI, FL 33173	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input type="checkbox"/> Delete KELLY, LARRY 12664 CLASSIC DRIVE CORAL SPRINGS, FL 33071		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition KELLY, LARRY 12664 CLASSIC DRIVE CORAL SPRINGS, FL 33071	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 			Date: 4/22/05 Daytime Phone #: 707-647-8639		